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IMAGES OF RESISTANCE: A QUALITATIVE ENQUIRY INTO THE MEANINGS OF PERSONAL ARTWORK FOR WOMEN LIVING WITH CANCER**ABSTRACT**

This study explored the meanings, inspirations and subjective significance of personal artwork created as a leisure activity by women living with cancer. A convenience sample of twelve women aged between 23-74 years participated in semi-structured interviews. Participants were living in various stages of the cancer trajectory, and engaged in several forms of visual art-making. They submitted examples of their artwork by photograph and then participated in semi-structured interviews. From a phenomenological analysis, the authors inferred a number of themes. Participants perceived a few pieces, made during chemotherapy, as expressing deeper feelings about cancer in symbolic terms. More prevalent in participants' accounts were references to their artwork as a sensuous pleasure, and its confirmation of their ongoing capability, personal continuity and social connectedness. Participants acknowledged ongoing loss and difficulties related to cancer. However, each piece of art offered a measure of resistance against the psychologically and socially disruptive effects of cancer. The pre-interview photography activity was helpful for empowering participants in the interview, and for stimulating detailed memories and associations.

Keywords: Cancer; phenomenology; art; photography; leisure; narrative.

INTRODUCTION

A large minority of the population face cancer at some point, and affected individuals are challenged not only by the physical impact of this illness but also by the psychological and social losses that the illness brings about. A better understanding of the role of self-directed creative activity in coping with cancer may not only advance theorizing about human creativity but ultimately contribute to more effective support and self-help.

For most people, cancer is a highly anxiety-provoking illness. Anxieties relate not only to loss of control over the physical body but to stressful changes in social and personal identity (Mathieson & Stam, 1995). Personal identity tends to have a certain 'unity, coherence and consistency across time' (Crossley, 2000, p20) unless a crisis intervenes. Social identity reflects a person's valued social roles and group memberships, and it is also vulnerable to disruption by cancer, through labeling and stigmatization (Mathieson & Stam, 1995), as well as early retirement and loss of leisure activities (Maunsell, Brisson, Dubois, Lauzier & Fraser, 1999; Shannon and Shaw, 2005; Spelten, Spranger, & Verbeek, 2002). Given these challenges, it is perhaps surprising that some people appear to reconstruct a positive sense of identity in the months and years following a cancer diagnosis (Carpenter, Brockopp & Andrykowski, 1999).

Several studies, as well as personal accounts, suggest that verbal narratives play a role in re-establishing the person's sense of control and coherence when faced with cancer (Dreiffus-Kattan, 1990; Mathieson and Stam, 1995; Smith 1996b). Narratives contribute to biographical or identity work through making sense, finding meaning or benefit in adverse experiences, and plotting an acceptable future. They

help people in ‘reasserting a socially valued and valuable self’ (Miczo, 2003, p.472). Many studies have focused on the verbal narratives of people with cancer. Yet some people regard their cancer as a ‘wake up call’ to be self-expressive in other ways (Predeger 1996). This study focuses on nonverbal means of self-expression and meaning-making, through visual art-making, and the narratives that people construct to make sense of their artwork.

Clinical case studies by art therapists, descriptions of arts workshops by facilitators, and personal accounts of artists, all suggest that visual art-making has the potential of enhancing subjective well-being of those who live with cancer. Most accounts focus on the experiences of those who have recently received a cancer diagnosis or medical treatments, rather than the experiences of longer-term survivors. Art therapists argue that the visual arts meet a need for self-expression, often in symbolic terms, enabling communication of deep-seated fears, anger and other feelings that are difficult for seriously ill people to encapsulate in words (McNiff, 1992; Minar, 1999). For cancer sufferers, the creative process may also enhance tolerance for the discomfiting experience of inhabiting a liminal or threshold space between life and death (Ferris & Stein, 2002; Sibbett, 2005). Expression of distress via visual imagery is thought to create some emotional distance, helping the coping process. Although many of these clinical studies are informed by psychodynamic theory (Malchiodi, 2003), Ferris & Stein (2002, p.47) use more sociological concepts of self and identity, arguing that the creative arts help people living with cancer to ‘unfold the cramped self, uncover losses and strengths, and gain the courage to begin a process of reclamation of story and life’.

It is not only the process but the products of art-making that may have psychological and social meanings for people living with cancer. Many art therapists

adopt a psychodynamic perspective, regarding the images created by people with cancer as rich in symbolism, through which they face their fears, and in some cases, their disfigurement following surgery (Minar, 1999). The artistic image has been described as providing a 'permanent witness to unspoken pain' (Edwards, 1993, p332). Imagery of the damaged body has frequently been expressed in the artwork of people living with cancer (Borgmann, 2002; Lynn, 1994; Predeger, 1996). Some art therapists have presented clinical case studies that suggest positive changes in artistic representations of the body as the person adjusts to a life-threatening condition, showing less fragmentation (Edwards, 1993; Zammit, 2001). Symbolic meanings can also be carried in non-body images. For example, an artist with cancer described her landscape picture, with its sun set low on the horizon, as an ambiguous representation of sunset or sunrise. She interpreted this image as expressing her existential question during chemotherapy, 'Is this the end of my life, or might it be a new beginning?' (Moses, in Smith, 1996b, p.4). Color itself may suggest grief or other emotional responses, and aesthetically pleasing natural forms may carry intense meanings for people facing physical deterioration (Oncologist 2001, no author).

Apart from therapists' interpretations of case material and a few personal accounts of artists with cancer, as noted above, there is little detailed qualitative research to guide academic or clinical understanding of the contribution of creative art-making to subjective well-being among people living with cancer. One exception is the study of Shaw & Wilkinson (1996) who carried out a qualitative study of cancer patients in palliative care. Over several weeks, the patients took part in arts workshops, producing large ceramic sculptures. They were then interviewed about their experiences. Thematic analysis revealed that the participants had derived feelings of capability from working on these large projects, and had gained

satisfaction from knowing that the sculptures would provide an enduring reminder of their work. They had been ‘reminded of their vitality rather than their illness’ (p.221).

A sample of people living with various chronic illnesses (including cancer) echoed these themes when describing their inspirations for artwork created as a leisure activity rather than as therapy (Reynolds, 2004). Instead of illness, their art mostly expressed positive experiences, including sensual qualities of color and texture, themes from nature, precious memories, personal and professional interests, and spiritual beliefs.

One limitation of published studies is that most have focused on the meanings of art carried out for therapy rather than as a self-directed leisure pursuit. Another limitation is that studies of creativity among people with cancer mostly recruit participants who are in the early stages when emotional turmoil may be particularly strong, potentially influencing their visual imagery. Those who have provided personal testimonies about the contribution of art-making to coping with cancer tend to have been artists before their diagnosis and may therefore have more concepts to describe their experiences (such as Lynn, 1994, and Sibbett, 2005).

For this study, we explored the experiences of participants living at different stages of the cancer trajectory, seeking to understand the meanings that participants ascribed to selected pieces of their artwork created mostly since their diagnosis. Did participants ascribe symbolic meanings about cancer to their artwork? Did they express ill-health and disfigurement through their art? What other meanings and themes did participants perceive in their art? How did the imagery within their artwork connect with their strategies of living with cancer?

For this study, 'artwork' was defined inclusively, encompassing hand-made visual products such as paintings and sculptures as well as items such as textiles, jewelry and cards that might be classified as 'crafts'.

METHOD

Ethical approval

Data collection was carried out following ethics scrutiny and approval by the University Research Ethics Committee. The project proposal, information sheets, consent form, advertisement for volunteers and main interview questions were scrutinized, and approved after minor clarifications. All participants were assured of confidentiality and their right to withdraw from the study at any time.

The adapted photo-elicitation method

We adapted the photo-elicitation interview procedure (Harper, 2002) to gather qualitative data about participants' artwork and its psychological significance. In photo-elicitation, participants photograph selected images from their physical and social worlds that have personal significance, and the resulting photographs may evoke memories, priorities and feelings that would be otherwise difficult to capture in interview (Collier, 2001; Radley & Taylor, 2003). Because this method elicits verbal data from the photographic material, the participant and researcher are more able to carry out a joint exploration of each selected image in depth during an interview. Sharing meanings through examining photographs has been described as a non-threatening way of exploring feelings and building trust between participant and researcher (Hanna & Jacobs, 1993). The mutual focus on photographic images can aid rapport (Collier, 2001) and the pre-selection of photographic images prior to interview can empower the participant in relation to the researcher (Radley & Taylor, 2003).

In this study, participants had a narrower choice than the traditional photo-elicitation method offers, as they were asked to choose and photograph 4-6 pieces of their artwork prior to interview. It can be argued that the researcher and participant could simply have looked at artwork in the home, but we considered that the preparatory photography strengthened the qualitative study in a number of ways. Firstly, it was likely that the photographic task would encourage participants to reflect deeply about the meanings of their chosen pieces prior to the interview. Furthermore, it offered some participants the opportunity to present some of the artwork that they had given to others as gifts, or had sold at exhibitions, if they wished to visit recipients or had kept a photographic record.

Participants

Twelve women participated, aged from 23 to 74 years, with most aged from late 40's to 50's. The sample was recruited through placing requests in two national UK arts and crafts magazines, asking for volunteers who lived with chronic illness to take part in a study of the meanings of the creative arts in their lives. Participants who identified themselves as living with cancer (either in active treatment or as a survivor) formed the sample for this study. Six had been diagnosed with breast cancer; the other participants reported other types of cancer (such non-Hodgkins lymphoma, thyroid cancer, and spinal tumor). Five considered that their cancer was unlikely to be curable, five expressed uncertainty about their future health and two were optimistic about survival. Their different positions in the cancer trajectory were thought to be helpful for gaining more insights into personal meanings of art-making during life-threatening illness, as cancer continues to poses psychosocial challenges, not just to those in active treatment (Bower *et al.*, 2005). From a cultural perspective, the sample was entirely white, middle-class and English. Ten were married or living with partners and all of

these described their partners as supportive. All had been diagnosed more than a year previously, and had therefore gained some emotional distance from the initial traumatic event (as recommended by Shannon and Shaw, 2005).

Data collection

We asked the participants to select 4-6 pieces of their artwork that had personal significance and to photograph these prior to interview. Some took more than one photograph of each item. The sample provided photographs of more than 60 different examples of artwork. We gave participants the main interview questions (along with general information about the project) prior to giving consent, not only for ethical reasons but to encourage reflection on the issues that the interview would cover. The semi-structured interviews lasted between 50 minutes and two hours, with most completed in about 60-75 minutes. All were audiotaped and fully transcribed. Each interview started with a 'grand tour' question, namely 'please start by telling me a bit about yourself' (Mathieson, 1999). This was followed up, as needed, with general questions about the participants' experience of illness, reasons for taking up arts and crafts, and the contribution (if any) that artwork was making to participants' positive well-being, and strategies of coping with illness. We focused on feelings and perceptions in line with the phenomenological nature of the enquiry.

The interview then moved away from general reflections about the meanings of art-making to focus on the specific pieces of artwork that participants had photographed, and this material forms the focus of this study. Participants reflected on their motives and inspirations for each piece of artwork and offered further comments about the personal significance of each item in context of their lives with cancer. Questions and invitations for narrative included 'Could you tell me about this picture (or other item)?'; 'What inspired you to create this piece of work?', 'Does this artwork help you to express

your feelings about your illness or not?', 'Does this work have any special meaning to you, generally or in relation to living with cancer?' Participants were not asked these questions in a repetitive or mechanistic way. Rather, a focused conversation about each selected piece of artwork occurred, encouraging participants to tell their own stories.

Data analysis

The enquiry was guided by the principles of interpretive phenomenological analysis (IPA) as outlined by Smith (1996a). This phenomenological approach holds that it is possible to 'get close to the participant's personal world' through analyzing the themes in their accounts (Smith, Osborn & Jarman, 1999, p218). Based on the guidelines for IPA (Smith *et al.*, 1999), the analysis began with micro-coding one particularly rich and detailed interview transcript. Both repeated and new themes emerged from the reading of subsequent transcripts. Gradually, the list of 'micro-themes' was clustered into five major recurring themes. Validation was obtained by the independent coding of transcripts by the three authors, and discussion to reach agreement. Finally, the participants were sent the main themes for comment and elaboration. Those who chose to reply offered positive comments on the analysis.

FINDINGS

Participants described many of the challenges that have been noted in previous research into the cancer experience. Their challenges included harrowing treatments, pain, sleeplessness, fears about survival, and social stigmatization. All had retired on grounds of health; many regretted that they had lost other valued roles and activities. The positive themes in their accounts of their artwork did not imply that they were coping easily with their illness.

Participants displayed many forms of artwork in their photographs. They included examples of paintings, sculptures, textile work (including pictures, cushions and other items made with embroidery, cross-stitch, tapestry, and patchwork), and crafts such as collaged and painted cards, and jewelry. The photographic array of artwork suggested order, skill, sensitivity to color and form, and diversity. There was very little imagery relating to the body. As such, the display of artwork looked very different from the disturbing images that have been published illustrating cancer patients' responses to art therapy. From a phenomenological perspective, we did not consider it appropriate to itemize or categorize the images according to their different media or surface features (e.g. as flora, animals, abstract art, and so on). Rather, we focused on the subjective meanings and significance of each piece, as described by the participants, inferring five major themes, which will be described and illustrated with quotations. Participants' artwork documented:

1. Symbolic meanings (wishes, fears and priorities in relation to cancer)
2. Sensuous pleasures (immersion in color, texture and form)
3. Proof of capability (evidence of challenge, achievement, creative adventures)
4. Continuity of self (continuing expression of pre-illness interests, family traditions, and normality, in 'defiance' of the limitations imposed by cancer)
5. Social connectedness (links with both the world of cancer patients and with the wider social world, via gifts given and received, charity fund-raising, exhibitions, and collaborative activity)

Symbolic meanings (wishes, fears and priorities in relation to cancer)

Many published accounts of the artwork of people with cancer emphasize its symbolic significance, as noted in the literature review. However, only two

participants in this study clearly identified such meanings in their artwork, and these were confined to one or two pieces that they had made early in the cancer trajectory, during chemotherapy. One image expressed in symbolic imagery the participant's wish to escape her stressful predicament:

“That balloon picture. It was done in ...different sorts of threads. ...I thought ‘Oh that looks good’. And I also wanted to be up, up and away and I thought the balloon had a special meaning for me”.

This participant described creating an additional piece of artwork with symbolic meaning during the early stages of illness, but this was not part of the photographic array. She reflected:

“Many months later, when I felt a bit better, I looked at the early stuff and was surprised how dark it was. There was a lovely river that sank into a black hole with lots of dark hanging plants beside it. It struck me that was how I had been feeling but I hated it and threw it away”.

The other participant who identified symbolic meanings in her early artwork, was living with metastatic breast cancer. She commented on her painting of a house:

“I didn't really do it for the purpose of saying, in a maudlin way ... ‘these are the important things in my life’, but that was really what they were... I didn't put... a picture of my mum and dad and John [husband] and all the rest, I put a little house that represented all the family. And some mushrooms, because we collect wild mushrooms. So there's all sorts of things that are parts of our lives”

This participant expressed a need to make contact with her closest relationships, family hobbies and precious memories through an oblique but meaningful image, perhaps to derive strength to face her illness. Cancer threatened to

steal these precious connections away but she seemed, through this image, to resist its power. Her account above includes reference to ‘we’ and ‘our’, reflecting her wider emphasis throughout the interview on her strategy of coping with cancer: *“I feel that it’s a team effort to try and fight this”*.

It may be argued that the relative lack of apparent symbolism in the photographed artwork could reflect participants’ unwillingness to share any art that communicated emotional distress. Yet participants did not appear to have deliberately omitted such artwork from their photographs. Most denied that they had ever made art that expressed anything about their cancer:

“I know one of my friends with cancer, she did art therapy work and some of the stuff that comes out of that is very, very powerful indeed. It’s to do with the disorder. But I suppose my ...approach to the whole problem, the problem with my health, is put it on one side and do the best I can with it. Otherwise it can consume you. And then it will.”

The remaining themes within participants’ descriptions of their artwork can be interpreted as reflecting their commitment to limit the effect of cancer on their lives, by reaching towards positive experiences rather than focusing on loss or fear.

Sensuous pleasures

Most participants emphasized the sensuous pleasures inherent in their artwork. Their creative work confirmed their continuing immersion in experiences other than cancer. Art brought participants into the present moment, enriching their perceptions with color and texture. Most participants enjoyed immersing themselves in color:

“The Medieval tapestry was certainly done because the colors just jumped out...it really is gorgeous”.

“I’ve got loads and loads and loads of pictures that are all leaves ... autumn leaves, because I loved the colors so much. They look fantastic... they’re so vibrant, the colors there”.

Textures also offered sensuous pleasures. One participant living with terminal illness explained how she had been recently inspired by ancient cave paintings when creating a stunning abstract piece:

“The texture [in the cave painting] after nearly 4,000 years is absolutely fabulous. You know all the flakes are coming away from the cave walls and the colors were just, lovely, it got me... and the texture was wow. I think those images will continue to inspire me”.

Immersed in the sensuality of the artwork, participants experienced vitality and achieved some distancing from bodily discomfort. The experience of absorption in color and form was variously described as *“thrilling”*, *“amazingly soothing”*, *“deeply engrossing”*. One participant added: *“By the very nature of chronic illness, you spend a lot of time alone, so for me the art has to be absorbing and all-consuming whilst I am doing it.”*

Absorption by texture, color and imagery was also valued for helping to ward off thoughts about cancer. Its intrusive power was thereby diminished. *“While you’re thinking of that [artwork], you’re not thinking of the pain”*. Another said: *“This strong drive to do something pleasant over-rode the feeling of illness”*. Through sensual engagement during art-making and appreciating the aesthetics of the items on display around the home, participants could temporarily set aside negative preoccupations with pain, concerns with mortality and so on.

“You can engross yourself in the work if you’re worried about something, if you’re really upset or anxious and you suddenly look up and you think ‘that

was two or three hours gone' and you know, you haven't given anything a thought, you've been so engrossed in it".

Proof of capability

Although participants were relatively modest about their artistic talents, they valued their artwork for providing evidence of their continuing capabilities. Almost all photographs presented items made after the onset of cancer. On display was a record of satisfying achievements and enjoyable creative adventures since diagnosis. Their art demonstrated to self and to others that cancer was not wholly defining nor defeating them psychologically. One participant described her art as showing, *"You're getting on with life. You're still worthwhile"*.

Creative products demonstrated both to self and others continuing personal development, even in the face of declining health. One participant with a life-limiting blood disease commented on her need to demonstrate achievement, particularly since her retirement from work on health grounds. Referring to a silk wall hanging, she said:

"It's quite scary to take up ... something completely different and this, for me, was an enormous challenge. I mean I didn't know if I'd be any good at it, I had no idea...it's incredibly challenging... I think if you were a person like me and you didn't have that opportunity to achieve, I think life would be very unhappy in that respect".

Narratives about artwork emphasized what participants were able to do, rather than what they could not do. All participants described their artwork as strengthening their self-esteem, or confidence. Artwork provided a visible record, challenging doubts *"that because of the illness, you weren't useful"*.

For many participants, artwork provided a permanent record of their ‘creative adventures’ and the unforeseen problems that they had solved successfully during its creation. This, too, seemed to support their identity work. One participant, who had already exceeded the lifespan predicted by her physician, presented a photograph of an abstract textile art piece that she had made. She reflected on the creative journey into the unknown that this represented:

“You play around with it and then it’s all hand embroidered...It’s not knowing how to do it at all ...how to get there is just a complete unknown ... it’s a real spirit, a voyage of discovery, really”.

The unpredictability of the cancer journey created fear and reduced confidence. In contrast, participants found that the creative adventures represented in their artwork enhanced self-confidence and self-esteem. The artwork reminded them of their capabilities in spite of the limitations imposed by illness.

Several participants provided photographs of artwork that they had given to friends. They described valuing the positive feedback that others provided about their artwork because it confirmed their capabilities and helped them to resist feeling defined solely by their cancer, or other health problems. One participant reminisced in relation to a picture of poppies that she had made for a friend:

“My friend was sixty this year and you know these big Chinese poppies? I drew a couple of those and ... I embroidered that with luminescent beads ... because I love working with beads ... She loved it”.

In this quotation, amidst the emphasis on her friend’s approval of the gift, there is also evidence of the participant’s enjoyment of the sensuality of the colors and texture. The process of making this piece can also be interpreted as helping to confirm her familiar sense of self, as she chose to include techniques (sparkly beadwork) and

images (poppies) that defined her personal embroidery style. These experiences helped to set aside her experience of life-limiting illness for a time, rendering them less powerful in subjective terms:

“It kind of helps to put the cancer in the background a bit more”.

Continuity of self

Participants’ artwork spanned a considerable diversity of media, imagery and techniques. This diversity could be interpreted as providing evidence of their individuality as persons even though sharing a cancer diagnosis. Only one participant included two photographs of art (sculptures) made before her illness. She noted how she no longer had the strength to manage such heavy work, flagging up discontinuity in this respect.

The remaining participants presented artwork made since their cancer diagnosis and described how some of this expressed interests and skills that characterized them before cancer; some pieces expressed family traditions, or offered a counterpoint to the art of other family members; and some offered a memorial to leave behind after their deaths. The artwork confirmed participants’ continuing productivity and engagement in a ‘*normal life*’. Such meanings can be grouped under the major theme of ‘continuity of self’. Participants did not deny the effects of cancer on their physical functioning and lifestyles. Nor were they resistant to change, for example in their daily activities, artistic skills, and so on. But their creative artwork demonstrated certain valued personal and social continuities, which in turn provided valued resources for resisting the disruptive effects of cancer on identity.

Certain pieces of art reflected the interests and traits that typified participants prior to illness. Their art formed a bridge between the self before and after cancer. For

example, a participant with metastatic breast cancer was very explicit that her art helped her to retain some continuity amid changes in her health and other social roles. Pointing to her array of photographs, she explained:

“I think really that by doing these things ...I’m doing the things that I always did do, so those always were my hobbies and I suppose I’ve just added a new interest or like taken the interest into a different dimension”.

Several participants produced art that was in keeping with family traditions, using creative skills acquired (usually) from mothers and grandmothers, thereby maintaining a personal and social continuity. Certain pieces of artwork strengthened participants’ sense of continuity by functioning as memorials. One participant with life-threatening breast cancer explained why she had included photographs of embroidered items. She had made these for her young grand-daughters’ future weddings.

“They gave me eighteen months to live, but I’m still here five years on, so I’m one of the lucky ones... I thought it would be something nice for them to remember their grandmother by, that I was thinking of them and wanted to give them something special that I’d actually made myself”.

Another, in her comments on the data analysis, said:

“There is an element of some thing to be left behind, something that is other than illness, something entirely separate and yet also so personal”.

All of the participants were well educated and all those who had worked prior to illness, had retired on health grounds. Perhaps not surprisingly, they valued activities that confirmed a continuing sense of being active and productive adults. Most mentioned this at least once when describing what their artwork meant to them.

For example, one participant had given up her acting and teaching career since becoming ill with metastasized breast cancer, but her creative work still provided evidence of agency, choice and initiative. She included photographs of delicately embroidered lavender bags for scenting underwear, and narrated quite a lengthy story of how she had successfully submitted an article on making these items to a magazine. A previous article had “*made it sound terribly dull and I thought, well, I can do better than that.*” Her efforts culminated in “*a three page article with pictures of my lavender bags. That was quite fun*”. Her writing for magazines and her artwork during her serious illness reinforced her familiar identity as a creative, proactive and successful person, helping her to resist feeling psychologically and socially diminished by cancer. It also provided sources of connection with the wider world, a theme that is explored in more detail next.

Social connectedness

Participants’ reflections on their artwork often returned to the theme of social connectedness. Participants’ artwork signified connectedness not only to the world of cancer, but to the wider social world. The photographic array showed that participants had made large numbers of cards and gifts, tailored to the needs and interests of the recipient. In fact, the prevalence of gift-making limited two participants’ choices in relation to the photography. One participant who was paraplegic because of a spinal tumor commented: “*The ones [art pieces] I’ve told you about are almost the total sum of what I have. Most of it has been given to other people*”.

Some pieces of artwork represented connectedness to the world of cancer, as some items had been made for charity fund-raising, or given to hospital staff. A participant with metastatic breast cancer had kept digital photographs of all her art.

She presented one showing delicate silk objects, and said: *“I had to go in for chemotherapy on Valentines [day] and I made some little heart shaped lavender bags to take in for them [the nurses], for that day”*. She shared a need that was commonly expressed among the participants to reciprocate care that she had received. The giving of small items to hospital staff seemed an attempt to restore participants’ status as ‘people’ rather than patients. In that setting, the focus of attention could also be shifted a little from illness to life in the ‘normal’ world (such as the pleasures of Valentines Day), helping to resist the strong medical discourse around cancer.

Several items were included that were representative of articles made for cancer charities. But not all charity fund-raising was cancer-related. The youngest participant, for example, had contributed embroidered panels to quilts for children in Afghanistan: *“I sewed the angel and sent it to another lady, who makes all the panels into quilts and they send them onto the hospitals”*.

Several participants had found that they coped with chemotherapy through having small pieces of art to work on. This creative work helped them to cope cognitively and emotionally through distracting their attention away from discomfort. For some, it also had a social significance in preserving their identity as people who could cope and who could help others through the stress of cancer treatment.

“I was diagnosed with cancer and wasn’t given very good odds, actually and I had a piece of work, which is in the photographs, the ones with the two children with the alphabet, that was my chemotherapy piece of work and that kept me going really throughout my six months of chemotherapy. The one good thing about something like that is that each time you would go, every two or three weeks, all the nurses and all the patients would come up and see

how you'd got on and in fact, at least another five or six people started doing similar things, because I was doing it and, you know, it really helps".

Although some participants maintained positive, controllable connections with the social world of cancer through their art-making, most described how their gifts of artwork cemented their relationships with the 'normal' social world of family and friends.

Some participants included photographs of artwork to which their partners had made a contribution. Such 'collaborative' pieces confirmed their roles as wives and loved ones, and communicated that they were far more than a 'cancer patient', even when facing life-limiting illness. Two participants demonstrated their embeddedness in a wider social circle by including photographs of *other people's* work. One included an item that a friend had created as a way of coping with illness, following the participant's own example. Another provided examples of her mother's artwork, made before she died from breast cancer. She explained why she had included these photographs:

"I had three years really of horrible things going wrong ... And in between my mother had also been diagnosed with breast cancer. And so I sent you some pictures of things that she does ...She did some cross stitch cushions, which were beautiful. So I sent you pictures of those just to indicate that, you know, we sort of encouraged one another really, which was quite nice. And it was a talking point other than our illnesses".

The art that was selected for photographing provided abundant evidence of the participants' social roles and concerns for others. We argue that it expressed their resistance to the socially disruptive effects of their illness, challenging any inclination that others might have to pity or stigmatize the person.

“You’re still worthwhile, you feel as if you’re contributing something to society or to your family and your friends, that you’re not just sitting there feeling sorry for yourself and wanting them to feel sorry for you, because that would be my worst nightmare”.

Creative art as resistance

Many participants were aware that cancer imposes a set of powerful forces, physical, social and psychological, that threatens to over-ride normal sources of identity, and that their creative artwork marked a resistance to this potentially overwhelming process. A participant with breast cancer expressed support for the themes that emerged from the analysis, including the core meaning of artwork as resistance, adding:

“I don’t think that the subject of the actual piece of work is majorly significant. I think the need to create is much more important. For me, it is an escape and also a defiance.”

DISCUSSION

In the wider interview, we ascertained that participants were encountering many of the problems already identified in previous research into the experience of living with cancer. Cancer had not only brought about discomfort, physical limitations and fears for the future, but had disrupted participants’ familiar personal and social identities, as researchers such as Mathieson & Stam (1995) have documented. Loss of familiar roles and activities had opened up voids in the lifestyle, blocking usual opportunities for exercising skills, experiencing achievement, and maintaining relationships outside the home. Such challenges to personal and social identities have

long been accepted as a stressful aspect of chronic illness (Charmaz, 1983; Corbin & Strauss, 1987).

The great diversity of artistic images and articles on display immediately testified to the individuality of the participants. Their common diagnosis clearly had not in any way limited such individuality. In the same way that ‘there is no more an art of the insane than there’s an art of dyspeptics or people with sore knees’ (Dubuffet, in Thomson, 1989, p38), there was no uniformity of image or inspiration among these people with cancer.

Despite the prevalence of symbolism and body imagery in the artwork of published case studies and personal accounts of artists who live with cancer, very little work with a clearly symbolic function was included in the array of leisure-based artwork submitted by this sample. It is possible that most people need the containment and support of a psychotherapist to work through difficult feelings. It can also be argued that participants may have found any deeply symbolic self-expression difficult to decipher. Alternatively, these participants may not have found a need to express their emotions obliquely in their art. They were not in the early stages of the disease, and were quite open about the problems that cancer had introduced into their lives in their verbal accounts. Perhaps therefore they did not need to work through psychological defences. The meanings of their artwork were better understood from an identity perspective. These records of artwork provided evidence of participants’ active and ongoing resistance, or defiance, towards the psychologically and socially disruptive effects of cancer.

Participants described their creative products as a testament to their continuing enjoyment of sensual pleasures, capability, continuity of self, and social connectedness, in the face of cancer. These ‘proofs’ seemed to help participants and

the people around them to feel less psychologically dominated by cancer. Participants' artwork testified to their ongoing personhood, and engagement with positive aspects of life. As in the therapeutic study of Shaw & Wilkinson (1996), participants derived feelings of capability and vitality from their artwork. The creative artwork offered a reminder that participants were retaining aspects of self that had been familiar and valued prior to cancer, demonstrating capabilities and ongoing personal development amidst loss of function, and preserving strong social connections based upon reciprocity and affection, rather than care-giving and duty. The need to preserve aspects of personal identity, social status and connectedness have been noted in previous work with people who have cancer (Thomas & Retsas, 1999), and among people with chronic illnesses more generally (Corbin & Strauss, 1987). However, previous work has focused upon the role of narrative and other coping strategies in preserving identity during cancer (Carlick & Biley, 2003). We suggest that the process and products of creative art-making can also be understood to have similar functions.

Evaluation of the study

Participants found the adapted photo-elicitation method to be meaningful. The selected photographs of artwork provided preparation, structure and focus to the interview, and acted as a resource for remembering (as noted by Cronin & Gale, 1996). Participants succeeded in reflecting upon the personal significance and meanings of items of artwork that they had photographed during preparation for the interview.

It might be argued that the themes we inferred were present in the wider interview and that the additional photo-elicitation technique was redundant. Indeed,

themes such as using art to maintain reciprocal relationships have been noted in an interview study of art-making among people with chronic illness (Reynolds & Prior, 2003). However, the focus on selected artwork, photographed prior to interview, added several further insights. Firstly, participants strongly rejected the need for symbolic self-expression about their cancer and almost never included such work in items that they photographed. This absence cautions against assuming that people with cancer inevitably use art to express deep-seated distress. We infer that art for leisure generally serves very different psychosocial functions than art for therapy. Secondly, although the role of gift-making in preserving reciprocal relationships has been noted briefly in previous research, the degree to which artwork represented and assured people of their social connectedness came to much greater prominence using the photo-elicitation method, as so many items in the photographic array were made as gifts, for charity fund-raising or for public exhibition. This observation supports previous evidence that chronically ill people do a lot of ‘interactional work’ to maintain equal status relationships (as reviewed by Miczo, 2003). Thirdly, we found that the photo-elicitation method was effective in encouraging participants to offer detailed narratives about each piece of art. We thereby gained information about participants’ lives and strategies for living with cancer that might otherwise have been omitted. As a final point, the method created a positive experience for participants who were pleased to share their artwork and leave the researchers with a record of their achievements. In the process, we feel that we encountered the participants as people rather than as ‘people with cancer’.

Clearly the study is limited by virtue of the sample size, gender, and cultural background, although studies using IPA generally have small samples. We cannot determine whether the emphasis on social connectedness reflected the needs of a

female sample. Participants were living with different types of cancer and occupied different stages of the cancer trajectory, ranging from those who were facing death within a few months to those who hoped to survive their conditions. As this was an exploratory study of the meanings of leisure-based artwork for people living with cancer, this was thought to be an advantage. The themes reported here were not clearly related to participants' current position in the cancer trajectory, but further research might explore in greater detail whether art as a leisure pursuit changes its psychosocial functions as the person progresses from earlier to later stages of illness.

It is accepted that participants' reflections in the interview were inevitably influenced by the presence of the researcher and the context. In looking back to art that they had created some months or years previously, participants may be re-appraising their motives and concerns in the light of their current experiences. It is accepted that people are always engaged in meaning-making, and that no interview can present a finalized account. We also need to acknowledge the unknown effect upon participants of being interviewed by a healthy researcher. Yet we found little evidence that emotions were being concealed as participants were quite willing to talk about so many difficult aspects of their lives. Finally, it can be argued that participants are simply responding to accepted narratives (heroic, confessional and so on) within the interview. We suggest that the freshness and distinctiveness within these accounts, together with the mixed disclosure of positive and negative experiences, do not really support this position.

CONCLUSION

We elicited personal memories and reflections from women living with cancer, on the subjective significance of their leisure-based art-work through an

adapted photo-elicitation method. This involved participants in selecting some of their artwork for photographing and then discussing the personal meanings of these items during an interview. A few pieces of artwork, created early in the crisis of illness, were perceived as having symbolic meanings, expressing a wish to escape the cancer experience, or to emphasize priorities, hopes and values. Much more commonly, artwork created as a leisure activity after a diagnosis of cancer demonstrated continuing enjoyment of sensual experiences; and it offered proof of personal capability, continuity of identity amidst change, and social connectedness. Leisure-based artwork therefore appeared to have a rather different function from art as therapy. Despite ongoing difficulties and discomfort, participants emphasized how most of their artwork had contributed to their subjective well-being, and positive engagement with life.

This study supplements other qualitative research that has explored identity disruption and reconstruction among people living with cancer. It has been unusual in focusing on the meanings of creative artwork. An artist who lived with cancer argued that his art showed ‘within my body there is me’ (Pearce, 2003, p.19). We suggest that participants in this study presented their art and their reflections to stake the same claim.

REFERENCES

- Borgmann, E. (2002). Art therapy with three women diagnosed with cancer. *The Arts in Psychotherapy*, 29, 245-251.
- Bower, J., Meyerowitz, B., Desmond, K., Bernaards, C., Rowland, J. et al. (2005). Perceptions of positive meaning and vulnerability following breast cancer:

- Predictors and outcomes among long-term breast cancer survivors. *Annals of Behavioral Medicine*, 29, 236-245.
- Carlick, A., & Biley, F. (2003). Thoughts on the therapeutic use of narrative in the promotion of coping in cancer care. *European Journal of Cancer Care*, 13, 308-317.
- Carpenter, J., Brockopp, D., & Andrykowski, M. (1999). Self-transformation as a factor in the self-esteem and well-being of breast cancer survivors. *Journal of Advanced Nursing*, 29, 1402-1411.
- Charmaz, K. (1983). Loss of self: A fundamental form of suffering in the chronically ill. *Sociology of Health and Illness*, 5, 168-195.
- Collier, M. (2001). Approaches to analysis in visual anthropology. In T. van Leeuwen & C. Jewitt (Eds.), *Handbook of visual analysis* (pp 35-59). London: Sage.
- Corbin, J., & Strauss, A. (1987). Accompaniments of chronic illness: Changes in body, self, biography, and biographical time. *Research in the Sociology of Health Care*, 6, 249-281.
- Cronin, O., & Gale, A. (1996). Photographs and the therapeutic process. *Clinical Psychology Forum*, 89, 24-28.
- Crossley, M. (2000). *Introducing Narrative Psychology: Self, Trauma and the Construction of Meaning*. Buckingham: Open University Press.
- Dreifuss-Kattan, E. (1990). *Cancer Stories: Creativity and Self-Repair*. Hove: The Analytic Press.
- Edwards, G. (1993). Art therapy with HIV-positive patients: Hardiness, creativity and meaning. *The Arts in Psychotherapy*, 20, 325-333.
- Ferris, B., & Stein, Y. (2002). Care beyond cancer: The culture of creativity. *Illness, Crisis and Loss*, 10, 42-50.

- Hanna, K., & Jacobs, P. (1993). The use of photography to explore the meaning of health among adolescents with cancer. *Issues in Comprehensive Pediatric Nursing, 16*, 155-164.
- Harper, D. (2002). Talking about pictures: a case for photo elicitation. *Visual Studies, 17*, 13-26.
- Lynn, D. (1994). *Myself resolved: An artist's experience with lymphoma*. Philadelphia: Meniscus Health Care Communications
- Malchiodi, C. (2003). Psychoanalytic, analytic and object relations approaches. In C. Malchiodi (Ed.), *Handbook of art therapy* (pp. 41-57). New York: The Guilford Press.
- Mathieson, C. (1999). Interviewing the ill and the healthy: Paradigm or process? In M. Murray & K. Chamberlain (Eds.), *Qualitative health psychology: Theories and methods* (pp. 117-132). London: Sage
- Mathieson, C., & Stam, H. (1995). Renegotiating identity: Cancer narratives. *Sociology of Health and Illness, 17*, 283-306.
- Maunsell, E., Brisson, C., Dubois, L., Lauzier, S., & Fraser, A. (1999). Work problems after breast cancer: An exploratory qualitative study. *Psycho-Oncology, 8*, 467-473.
- McNiff, S. (1992). *Art as medicine*. Boston: Shambhala.
- Miczo, N. (2003). Beyond the 'fetishism of words': considerations on the use of the interview to gather chronic illness narratives. *Qualitative Health Research, 13*, 469-490.
- Minar, V. (1999). Art therapy and cancer: Images of the hurter and healer. In C. Malchiodi (Ed.), *Medical art therapy with adults* (pp. 227-242). London: Jessica Kingsley Publishers.

- Oncologist (no author). (2001). Strength from unity: A selection of art by cancer patients and their loved ones. *Oncologist*, 6, 451-452.
- Pearce, L. (2003). Art of healing. *Nursing Standard*, 17, 18-19.
- Predeger, E. (1996). Womanspirit: A journey into healing through art in breast cancer. *Advances in Nursing Science*, 18, 48-58.
- Radley, A. & Taylor, D. (2003). Images of recovery: A photo-elicitation study on the hospital ward. *Qualitative Health Research*, 13, 77-99.
- Reynolds, F. (2004). Conversations about creativity and chronic illness II: Textile artists coping with long-term health problems reflect on the creative process. *Creativity Research Journal*, 16, 79-89.
- Reynolds, F. & Prior, S. (2003). 'A lifestyle coat-hanger': A phenomenological study of the meanings of artwork for women coping with chronic illness and disability. *Disability and Rehabilitation*, 25, 785-794.
- Shannon, C., & Shaw, S. (2005). 'If the dishes don't get done today, they'll get done tomorrow': A breast cancer experience as a catalyst for changes to women's leisure. *Journal of Leisure Research*, 37, 195-215.
- Shaw, R., & Wilkinson, S. (1996). Building the pyramids: Palliative care patients' perceptions of making art. *International Journal of Palliative Nursing*, 2, 217-221.
- Sibbett, C. (2005). An art therapist's experience of having cancer: Living and dying with the tiger. In D. Waller & C. Sibbett (Eds.), *Art therapy and cancer care* (pp 223-247). Maidenhead: Open University Press.
- Smith, J., Osborn, M., & Jarman, M. (1999). Doing interpretative phenomenological analysis. In M. Murray & K. Chamberlain (Eds.), *Qualitative health psychology: Theories and methods* (pp 218-240). London: Sage.

- Smith, J.A. (1996a). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health, 11*, 261-271.
- Smith, W. (Ed.) (1996b). *A portrait of breast cancer: Expressions in words and art*. Oklahoma City, Oklahoma: Project Woman, American Cancer Society.
- Spelten, E., Spranger, M., & Verbeek, J. (2002). Factors reported to influence the return to work of cancer survivors: A literature review. *Psych-Oncology, 11*, 124-131.
- Thomas, J., & Retsas, A. (1999). Transacting self-preservation: A grounded theory of the spiritual dimensions of people with terminal cancer. *International Journal of Nursing Studies, 36*, 191-201.
- Thomson, M. (1997). *On art and therapy: an exploration*. Chadlington: Free Association Books.
- Zammit, C. (2001). The art of healing: A journey through cancer: Implications for art therapy. *Art Therapy, 18*, 27-36.